PTO/SB/17 (06-07) Approved for use through 06/30/2007. OMB 0651-0032

Under the Paperwork Red	uction Act of 1995	, no person are require	ed to respond to			mark Office; U.S. DEF ition unless it displays			
	tive on 12/08/2004.					nplete if Know			
Επθεί Fees pursuant to the Consolid			18). Applic	ation Num	ber	10/735,461-Co	nf. #3119		
FFF TR	ANSM	ITTAL	Filing	Date		December 11,	2003		
FEE TRANSMITTAL				First Named Inventor		Michael P. CZECH			
For FY 2007				Examiner Name		R. A. Schnizer			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1635			
TOTAL AMOUNT OF PAYMENT (\$) 520.00				ey Docket l	No.	UMY-055RCE			
METHOD OF PAYME	NT (check all the	hat apply)							
Check Credit	Card M	Ioney Order	None	Other (j	please ide	ntify):			
X Deposit Account Dep	posit Account Numb	er 12-0080 Depos	it Account Name	 D:	La	ahive & Cockfiel	d, LLP		
For the above-ider	ntified deposit a	account, the Direct	or is hereby	authorize	d to: (che	eck all that apply)			
x Charge fee(s	s) indicated bel	low		Charge	e fee(s) ir	ndicated below, ex	cept for the	filing fee	
	additional fee(s	s) or underpaymen	ts of	Credit	any over	payments			
FEE CALCULATION		una 1.17							
1. BASIC FILING, SEARC	H, AND EXAM	MINATION FEES							
•	FILIN	G FEES	SEARCH	FEES	EXAM	NATION FEES			
A 1: 4: Tron		Small Entity		all Entity	Eac (\$)	Small Entity Fee (\$)	Eoos Da	id (t)	
Application Type	Fee (\$)			ee (\$)	Fee (\$)	100	<u>Fees Pa</u>	iia (a)	
Utility	300		500	250	200				
Design	200		100	50	130	65			
Plant	200		300	150	160	80			
Reissue	300	150 5	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								mall Entity	
<u>Fee Description</u> Each claim over 20 (inclu	idina Paissues)	•					<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each independent claim o							200	100	
Multiple dependent claim		ig Reissues)					360	180	
		· (A)	'aa Daid (ê)			Aultinla Dananda		100	
		ee (\$) <u> </u>	ee Paid (\$) 25.00		_	<u>Multiple Depende</u>	Fee Paid (\$)		
/5 - 74 = HP = highest number of total c			25.00			<u>fee (\$)</u>	ee Faiu (\$)		
		_	ee Paid (\$)					-	
Indep. Claims Extra	 _	<u>ee (\$) </u>	100.00						
HP = highest number of indepe	 <u> </u>		100.00						
3. APPLICATION SIZE FE If the specification and d listings under 37 CFR sheets or fraction ther	EE drawings excee R 1.52(e)), the a	ed 100 sheets of pa application size fe	e due is \$25	60 (\$125 f	onically for small	iled sequence or entity) for each ac	computer Iditional 50		
	Extra Sheets	Number of ea	ch additiona	l 60 or frac		_	Fee Pa	aid (\$)	
100 = _		/50 =	(round t	up to a who	le number) x	·		
4. OTHER FEE(S)							Fees P	'aid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00									
	surcharge): 28	301 Request for o	continued	examinat	ion (RC	上) (see 37	395	.00	
SUBMITTED BY									

,		4 "				
SUBMITTED BY	/	 				
Signature			Registration No. (Attorney/Agent)	56,130	Telephone	(617) 227-7400
Name (Print/Type)	ames H.	/∀elem a			Date	August 22, 2007
	- 17					



Docket No.: UMY-055RCE

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Michael P. Czech et al.

Application No.: 10/735,461

For: METHOD OF INTRODUCING siRNA INTO

ADIPOCYTES

Filed: December 11, 2003

Examiner: R. A. Schnizer

Confirmation No.: 3119

Art Unit: 1635

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

UMY-055RCE

Please reference UMY-055RCE on all future correspondence.

Dated: August 22, 2007

Respectfully submitted,

James H. Velema

Registration No.: 56,130

LAHIVE & COCKFIELD, LLP

One Post Office Square

Boston, Massachusetts 02109-2127

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant